

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037055

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 186

DO NOT WRITE  
ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pemiscot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hayti</i>		Length of stay in 1b <i>1 day</i>	c. CITY OR TOWN <i>Wardell</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>E. Broadway, St.</i>
3. NAME OF DECEASED (Type or print) First <i>Nora</i> Middle <i>Lee</i> Last <i>Busby</i>		4. DATE OF DEATH Month <i>September</i> Day <i>11</i> Year <i>1963</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-10-1895</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>X</i>	9. AGE (last birthday) <i>68</i>
11. BIRTHPLACE (City and state or country) <i>Piggott, Ark.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Burs Williams, deceased</i>		13b. MOTHER'S MAIDEN NAME <i>James, Alice McCormick, deceased</i>	
14. NAME OF HUSBAND OR WIFE <i>Deceased</i>		17. INFORMANT Name <i>M. D. Wilson</i> Address <i>Wardell, Mo.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>X</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. <i>Coronary artery disease</i> DUE TO (b) <i>5 min</i> DUE TO (c) <i>1 yr</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i> <i>1 yr</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>5:30</i> a.m. <i>10</i> p.m.	Month, Day, Year <i>5/9/62</i>	20f. CITY, TOWN, OR LOCATION <i>Hayti, Mo.</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>5/9/62</i>	20f. CITY, TOWN, OR LOCATION <i>Hayti, Mo.</i>	
21. I attended the deceased from <i>5/9/62</i> to <i>9-11-63</i> and last saw her alive on <i>9-11-63</i> Death occurred at <i>7:30 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <i>Hayti, Mo.</i>	
22a. SIGNATURE <i>William D. Bryant M.D.</i>		22c. DATE SIGNED <i>9-12-63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-13-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Wardell, Mo.</i>
24. FUNERAL DIRECTOR <i>Osborn Funeral Home, Wardell, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-26-63</i>	26. REGISTRAR'S SIGNATURE <i>Charlotte E. Sloan</i>

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

James A. DeBum

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.